

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				10/522323			
1 Date of Request: <u>8-3-05</u>		2 Serial/Patent # _____					
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT			
		1	1-24-05	\$ 150			
				\$			
				\$			
				\$			
				\$			
				\$			
				\$			
				\$			
				\$			
7 TOTAL AMOUNT OF REFUND		\$ 150					
10 REASON:		8 TO BE REFUNDED BY:					
		Treasury Check					
		Credit Deposit A/C #:					
		9	0	6	--	2	4
Overpayment							
Duplicate Payment							
No Fee Due (Explanation):							
11 REFUND REQUESTED BY: _____							
TYPED/PRINTED NAME: _____			TITLE: _____				
SIGNATURE: <u><i>[Signature]</i></u>			PHONE: _____				
OFFICE: _____							
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****							
APPROVED: _____			DATE: _____				

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**